

APPLICATION DATA SHEET**Application Information**

Application number::	N/A
Filing Date::	11/14/01
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	N/A
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	N/A
Number of CD disks::	N/A
Number of copies of CDs::	N/A
Sequence submission?::	N/A
Computer Readable Form (CRF)?::	N/A
Number of copies of CRF::	N/A
Title ::	SYSTEM AND METHOD FOR LIGHT ACTIVATION OF HEALING MECHANISMS
Attorney Docket Number::	120083.403
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	9
Total Drawing Sheets::	8
Small Entity?::	YES
Petition included?::	NO
Petition Type::	N/A
Licensed U.S. Gov't Agency::	NO
Contract or Grant No::	N/A
Secrecy Order in Parent Appl.?::	N/A

0991129 11401
TOTT 621660

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: David
Middle Name:: G.
Family Name:: Denton
Name Suffix:: N/A
City of Residence:: Issaquah
State or Province of Residence:: Washington
Country of Residence:: U.S.A.
Street of mailing address:: 1531 NE Iris Street
City of mailing address:: Issaquah
State or Province of mailing address:: Washington
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 98029

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Serene
Middle Name:: N/A
Family Name:: Murray-Denton
Name Suffix:: N/A
City of Residence:: Issaquah
State or Province of Residence:: Washington
Country of Residence:: U.S.A.
Street of mailing address:: 1531 NE Iris Street

City of mailing address:: Issaquah
State or Province of mailing address:: Washington
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 98029

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Larry
Middle Name:: N/A
Family Name:: Azure
Name Suffix:: N/A
City of Residence:: La Conner
State or Province of Residence:: Washington
Country of Residence:: U.S.A.
Street of mailing address:: 13 Eagles Nest Drive
City of mailing address:: La Conner
State or Province of mailing address:: Washington
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 98257
00500

Correspondence Customer Number ::

Representative Information

Representative Customer Number::		00500
----------------------------------	--	--------------

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
N/A	N/A	N/A	N/A

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
N/A	N/A	N/A	N/A

Assignee Information

Assignee name::	Healing Machines, Inc.
Street of mailing address::	13 Eagles Nest Drive
City of mailing address::	La Conner
State or Province of mailing address::	Washington
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	98257

120083.403/234,556[9/19/01]